

Petitioner,
vs.
Respondent.
_____ /

IN THE CIRCUIT COURT OF THE
ELEVENTH JUDICIAL CIRCUIT, IN AND
FOR MIAMI-DADE COUNTY, FLORIDA

FAMILY DIVISION
CASE NUMBER:
SECTION:

ORDER OF REFERRAL TO FAMILY COURT SERVICES

The above cause came to be heard on this _____ day of _____, 20_____, and there are children at issue whose lives will be affected by these proceedings, and resolution of issues involving said children is in the children's best interest. Therefore, pursuant to Chapter 61.052 of the Florida Statutes, **THE ABOVE REFERENCED PARTY(S) IS/ARE ORDERED to CONTACT:**

**FAMILY COURT SERVICES, LAWSON E. THOMAS COURTHOUSE CENTER
175 NW 1ST AVENUE, SUITE 1503, MIAMI, FLORIDA 33128 Tel: (305) 349-5508 FAX: (305) 349-5634**

within five (5) working days of the date of this order for the purpose of providing essential initial data and arranging appointments, then report to the appropriate social service agency(s) as necessary. **A report of compliance with this order, including referrals, if any, will be provided to the court and all parties.**

FAMILY COURT SERVICES UNIT TO PROVIDE THE FOLLOWING SERVICES:

- | | |
|--|--|
| <input type="checkbox"/> Alienation Intervention/Reunification | <input type="checkbox"/> Crisis Assistance |
| <input type="checkbox"/> Child/Family Assistance | <input type="checkbox"/> Marital Reconciliation |
| <input type="checkbox"/> Co-parenting | <input type="checkbox"/> Parenting Coordination (limited to 6 meetings with indigent parties only) |
| <input type="checkbox"/> Time-Sharing Issues/Schedule | |

Supervised Visitation One visit scheduled per week for 12 weeks Monitored Exchange

Person(s) Authorized to Transport Child(ren): _____

REFERRALS TO COMMUNITY PROVIDERS (Circle or name each party applicable)

- | | |
|--|--|
| <input type="checkbox"/> Individual Counseling for _____ | <input type="checkbox"/> Psychological Evaluation [Petitioner/Respondent/Child(ren)] |
| <input type="checkbox"/> Family Counseling [Petitioner/Respondent/Child(ren)] | <input type="checkbox"/> Psychiatric Evaluation (Petitioner/Respondent) |
| <input type="checkbox"/> Extended Co-Parenting (<u>Both parents jointly</u>) | <input type="checkbox"/> Substance Abuse Evaluation (Petitioner/Respondent) |
| <input type="checkbox"/> Parenting Class (Petitioner/Respondent) | <input type="checkbox"/> Substance Abuse Testing through Hair Follicle (Pet./Resp.) |
| <input type="checkbox"/> Therapeutic Supervised Visitation | <input type="checkbox"/> Social Investigation (Supplemental order required) |
| <input type="checkbox"/> Paternity Test Child(ren) _____ | <input type="checkbox"/> Parenting Coordination (Supplemental order required) |
| <input type="checkbox"/> Bridging Families & Communities | <input type="checkbox"/> Early Family Court Triage |

Other/Specific Referral instructions: _____

The parties stipulate that the court may review any reports on this case received by Family Court Services that are issued by the above providers. These reports may be admitted into evidence subject to discovery requirements.

Petitioner _____ Respondent _____

The Court determines payment for court ordered referral to community/private provider as follows:

borne equally by the parties borne by the Petitioner/waived as to Respondent borne by the Respondent/waived as to Petitioner

Language preferred: [] Spanish [] Creole [] Other _____ Next Hearing Date: _____

Additional Judicial Instruction: _____

Any and all statements and/or disclosures made to Family Court Services, whether deemed relevant or not to the overall purpose of this referral, are not confidential and, consequently, may be reported to the referring court.

VIOLATION OF ANY PROVISION IN THIS ORDER MAY RESULT IN PARTY REFERRED BEING HELD IN CONTEMPT OF COURT.

DONE AND ORDERED in Chambers at Miami-Dade County, Florida, this _____ day of _____, 20_____.

Circuit Court Judge

c:

If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact the Eleventh Judicial Circuit Court's ADA Coordinator, Lawson E. Thomas Courthouse Center, 175 NW 1st Ave., Suite 2702, Miami, FL 33128, Telephone (305) 349-7175; TDD (305) 349-7174, Fax (305) 349-7355 at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.